

# for your *Benefit*



A quarterly newsletter for HIRSP members

Winter 2000

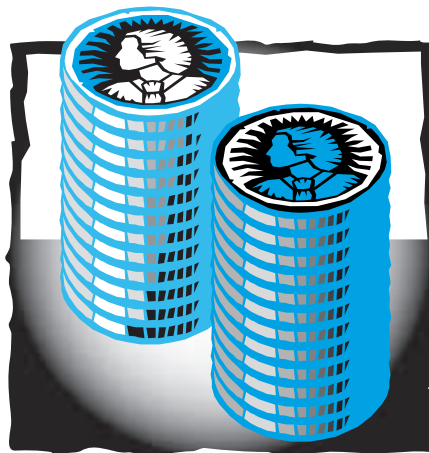
## Reduced HIRSP premiums and deductibles are available

**P**olicyholders of the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) may be eligible for reduced premiums and deductibles in two ways.

### Premium and deductible reductions

Policyholders who earned less than \$20,000 in 1999 may qualify for premium and deductible reductions for the calendar year. Policyholders who earned between \$20,000 and \$24,999 may qualify for a premium reduction. Individuals in HIRSP Plan 1, Option B (\$2,500 deductible) do not qualify for these subsidies.

To continue the reductions, policyholders are required to reapply each year, providing HIRSP with revised income information. Look for this application in the mail in March.



### Hardship subsidies

If household income during the current year has declined due to unforeseen circumstances, policyholders may qualify for a hardship subsidy and should request a hardship application. Policyholders are required to provide HIRSP with their estimate of current year income. Be sure to have this application notarized and include a reason for the decrease in income.

When the policyholder completes these applications, he or she should refer to the document(s) that show the annual income or reduction of income. This will help the policyholder complete the application accurately. HIRSP will audit the policyholder's income at a future date.

To apply for a subsidy, request an application form from Customer Service at (800) 828-4777 or (608) 221-4551. ■

## Insurance coverage available to policyholders after age 65

**A**s a result of changes in federal laws, policyholders may keep their HIRSP coverage when they turn age 65.

Policyholders have the following choices:

- If the policyholder is eligible for Medicare, he or she should request a transfer to Plan 2, a less expensive plan designed specifically for those policyholders.

- Policyholders who are age 65 and over and not eligible for Medicare may stay in Plan 1.

Under HIRSP's Plan 2, policyholders are required to pay a \$500 deductible for covered medical expenses in a calendar year. Consistent with HIRSP's reimbursement methods, HIRSP pays the Medicare deductible in full and pays up to the Medicare coinsurance amount.

Individuals enrolled in Plan 2 are subject to HIRSP's \$1,000,000 lifetime maximum in benefits.

Plan 2 includes major medical coverage and prescription drug coverage, as indicated in the HIRSP policy. Please see your HIRSP policy for details.

For more information, please call HIRSP Customer Service at (800) 828-4777 or (608) 221-4551. ■

# Here's help for completing HIRSP's m

**T**wo forms permit policyholders to file claims to HIRSP for covered services. One is used for prescribed drugs (Drug Claim Form) and the other is for all other types of claims (Medical Claim Form).

The claim information section of these forms is enlarged to the right of this article with instructions for completing this part of the forms. HIRSP is providing this information to help policyholders better read and understand these claim forms.

Policyholders may ask their provider to file claims. HIRSP encourages this because providers are more likely to have the necessary information on file for ease of billing. These claims are likely to be processed faster because the provider can supply HIRSP more quickly with additional information if necessary.

For claim-related questions, call HIRSP Customer Service at (800) 828-4777 or (608) 221-4551.

Follow these steps to file a claim:

1. Obtain and use HIRSP's medical and drug claim forms. Call Customer Service at (800) 828-4777 or (608) 221-4551 to request copies of the forms.
2. Refer to the instructions on these pages and on the claim form itself.
3. Complete these forms accurately and clearly. HIRSP uses this information to process the claim, and errors and insufficient information will cause delays in processing the claim.

4. Ask the provider of the service or supply for more information, if necessary, to fill out these forms accurately and completely.
5. Ask the provider to "accept assignment" to receive claim payment directly from HIRSP. The provider will bill the policyholder only for deductible and coinsurance amounts. Providers are not required to accept assignment.
6. Complete the "Assignment of Benefits" section of the claim form if the provider agrees to accept assignment. HIRSP will send payment to the provider listed in this section of the claim form (not shown in the illustration).

*Continued on page 4.*

## Medical Claim Information

A. PRIOR AUTHORIZATION NUMBER											
C. FROM DATE OF SERVICE						D. TO DATE OF SERVICE					
H. DESCRIPTION OF SERVICE											

- A. Prior Authorization Number.** Used for services requiring prior authorization. The provider will know this information.
- B. Description of Illness.** Condition or diagnosis for which the policyholder needed treatment.
- C. From Date of Service.** Month, day, and year the policyholder began to receive each service.
- D. To Date of Service.** Month, day, and year the policyholder stopped receiving each service.

## Drug Claim Information section of the Drug Claim Form

- A. Prior Authorization Number.** Used for services requiring prior authorization. The provider will know this information.
- B. Description of Illness.** Condition or diagnosis for which the policyholder needed prescription drugs.
- C. Date Filled.** Month, day, and year on prescription label for each prescription filled.
- D. Days Supply.** Number of days of the prescribed medication received (e.g., quantity of 30 capsules to be taken 3 times a day equals 10 days supply). The pharmacist also will have this information.
- E. Quantity.** The number of pills, cc's, or other measurement of the amount received.

A. PRIOR AUTHORIZATION NUMBER											
C. DATE FILLED						D. DAYS SUPPLY			E. QUANTITY		
J. DRUG NAME AND STRENGTH											

# Medical and drug claim forms

## Section of the Medical Claim Form

		B. DESCRIPTION OF ILLNESS	
	E. QUANTITY	F. CHARGE \$	G. PROCEDURE CODE
		I. POS	J. PROVIDER NAME

- services requiring  
this
- diagnosis for which
- near the
- the policyholder
- E. Quantity.** The total number of services billed for each line.  
For example, 15 minutes of therapy equals a quantity of 1.  
Look at your itemized bill or ask your provider, if necessary.
- F. Charge.** The policyholder's cost for each service.
- G. Procedure Code.** Please ask the provider for this information if it is not included on the itemized statement.
- H. Description of Service.** A description of the services, such as an office visit, rental or purchase of equipment, corrective shoes, prosthetic devices, lab, x-rays, etc.
- I. POS.** Place of service codes include: "0" for other, "2" for outpatient hospital services, "3" for doctor's office, "4" for home (e.g., home health), "7" for nursing home extended care facility, or "8" for skilled nursing facility.
- J. Provider Name.** The health care professional from which the policyholder received medical service.

## Drug Claim Form

- F. Charge.** The policyholder's cost for each prescription.
- G. Prescription Number.** The number assigned to the prescription, listed on the prescription label.
- H. Generic.** Check "YES" box if a generic equivalent drug. If not, check "NO."
- I. National Drug Code (NDC).** The pharmacist will know this.
- J. Drug Name and Strength.** The name and strength of the drug as indicated on the prescription label.
- K. POS.** Place of service codes include: "0" for pharmacy, "2" for outpatient hospital services, "3" for doctor's office, "4" for home (IV-IM services only), "7" for nursing home extended care facility, or "8" for skilled nursing facility.
- L. Provider Name.** The pharmacy from which the policyholder received the medication.

		B. DESCRIPTION OF ILLNESS		
QUANTITY	F. CHARGE \$	G. PRESCRIPTION NUMBER	H. GENERIC <input type="checkbox"/> YES <input type="checkbox"/> NO	I. NATIONAL DRUG CODE
		K. POS	L. PROVIDER NAME	

for your **Benefit**

*For Your Benefit* seeks to provide information about the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) for HIRSP members and the public.



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You may write to HIRSP at:  
HIRSP  
6406 Bridge Rd., Suite 18  
Madison, WI 53784-0018

HIRSP's telephone numbers are:  
(800) 828-4777 toll free  
(608) 221-4551 in the Madison area

If you've recently made some changes in your lifestyle that positively affected your health, consider sharing your story with our readers. Send us the details and a picture, if applicable, to our address.

## Here's help for completing HIRSP's medical and drug claim forms

### **Continued from page 2.**

7. Attach any bills or other statements to provide details that will help HIRSP process the claim.
8. Make a copy of everything submitted to HIRSP for future reference. Sometimes HIRSP requires additional information. As a part of this process, the person who filed the claim will need to get the necessary information and send the entire claim back to HIRSP. Keeping copies of the original claim submission will be useful in finding the information needed and in resubmitting the claim if requested. ■